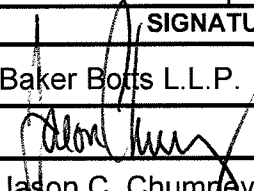


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/776,333
	Filing Date	01/10/2004
	First Named Inventor	Moshman et al.
	Art Unit	1615
	Examiner Name	Mercier, Melissa S.
Total Number of Pages in This Submission	Attorney Docket Number	077350.0136

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	Jason C. Chumrey	
Date	07/30/2009	Reg. No. 54,781

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

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FEE TRANSMITTAL for FY 2007

Complete if Known

Application Number	10/776,333
Filing Date	01/10/2004
First Named Inventor	Moshman et al.
Examiner Name	Mercier, Melissa S.
Art Unit	1615
Attorney Docket No.	077350.0136

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 555

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		26	\$0

Independent Claims		110	\$0
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Multiple Dependent			\$0
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SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee

☐ Non-English Specification

☐ Extension for reply within first month

☐ Extension for reply within second month

☒ Extension for reply within third month

\$555

☐ Extension for reply within fourth month

☐ Extension for reply within fifth month

☐ Notice of Appeal

☐ Filing a brief in support of an appeal

☐ Petition to revive - unavoidable

☐ Petition to revive - unintentional

☐ Utility Issue Fee

☐ Design Issue Fee

☐ Publication Fee

☐ Petitions to the Commissioner

☐ Request for Continued Examination (RCE)

☐ Information Disclosure Statement (IDS)

Other fee -

SUBTOTAL (\$ 555

SUBMITTED BY

(Complete if applicable)

Name (Print/Type) Jason C. Chumney

Registration No. 54,781
(Attorney/Agent)

Telephone 212-408-2500

Signature

Date 07/30/2009

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